



STATE OF IOWA

GOVERNOR
TERRY E. BRANSTAD
LT. GOVERNOR
KIM REYNOLDS

IOWA DEPARTMENT OF COMMERCE
PROFESSIONAL LICENSING & REGULATION
200 E. Grand, Suite 350, Des Moines, IA 50309

IOWA ACCOUNTANCY BOARD

VERIFICATION OF LICENSE REQUEST/LETTER OF GOOD STANDING

AND EXAM GRADE TRANSFER REQUEST

PART I. LICENSEE INFORMATION

Name _____ *SSN _____
First Middle Last

*Birthdate ____/____/____

For verification of license only: Certificate # _____ Original Certificate Date ____/____/____

*E-mail: _____ Exam Date: _____ *REQUIRED

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 261.126(1), 252D.8(1), and 272J.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed bylaw including Iowa Code § 421.18. The Social Security Number will also be shared on a confidential basis with the National Association of State Boards of Accountancy, pursuant to Iowa Code § 542.4(7), solely for use in a national database of licensees.

Have you ever been known by a name(s) other than that shown above (i.e. maiden name)? ____ Yes ____ No
If yes, what name(s) _____

Address: Residence _____
Street _____
Phone _____
City _____ State _____ Zip code _____

Address to send Verification to: _____
State Board _____
Street _____
City _____ State _____ Zip code _____

PART II. PAYMENT INFORMATION

☐ Check made payable to: State of Iowa **Payment Amount: \$25.00**
☐ VISA ☐ MASTERCARD ☐ DISCOVER
Card Number _____ - _____ - _____ - _____
Name of Cardholder _____ Phone Number (____) _____ - _____
Card Expiration (Month/Year) ____ / ____ ext _____
Signature of Cardholder _____